

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 12/13/2012

000220003 12.17.12

Associate Voucher	12/13/2012 Vchtr VchtrLineDescr	Distr Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount		
Number	Line	Line#	Description		Withhold	Year	Month					
00118169	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	12	0000096246	Adams, R. 11.26-	385.00
Total For Voucher											385.00	

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary










Business Unit: 66500
 Voucher ID: 00318169
 Voucher Style: Regular


Invoice Number: Adams, R. 11.26-11.29.12
 Invoice Date: 12/04/2012
 Total: 385.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information		Find View All		First	1 of 1	Last
Scheduled Payment:	1					 
*Remit to:	0000097303 	Gross Amount:	385.00	USD		
Location:	001 	Discount:	0.00	USD	<input type="checkbox"/> Discount Denied	
*Address:	1 	Late Charge				
ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345		Scheduled Due:	12/04/2012			
		Net Due:	12/04/2012			
		Discount Due:				
		Accounting Date:				

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH ACH	*Netting:	N 
Message:		Messages	

Message will appear on remittance advice.

Summary	Invoice Information	Payments	Voucher Attributes	Error Summary
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Business Unit: 66500 Invoice Number: Adams, R. 11.26-11.29.12
 Voucher ID: 00318169 Invoice Date: 12/04/2012
 Voucher Style: Regular Total: 385.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready

☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	11/29/2012
AGENCY		VOUCHER NUMBER	00318169
CODE	66500		

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

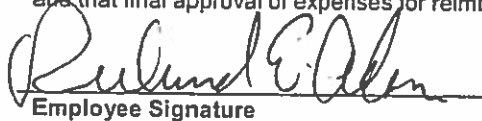
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe. & Clayton NM					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/21/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/26/12	Time:	06:00 AM	Return Date: (month/day/yr)	11/29/12
	Time: 06:00 PM					
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	1 @ \$85/day	\$ 85.00
546800: Registration – Vendor		Santa Fe Only:	2 @ \$135/day	\$ 270.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 385.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 385.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


 Employee Signature

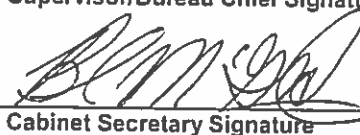
11/27/12
 Date

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator
 (As per specific division requirements)

Date


 Cabinet Secretary Signature

Date

(To be obtained for Division Directors' requests and
 when Division Directors are not available to sign approval.)